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APPLICANTS Shlomit Chasid, Mazkeret Batya, ISRAEL; Uri Zaidman, Tel Aviv, ISRAEL;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/11/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 6	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
ADDRESS 20529					
TITLE Tissue dispensing cover					
FILING FEE RECEIVED 1063	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		